

FILM BADGE REGISTRATION FORM
RADIATION SAFETY BRANCH

APPLICANT'S NAME: _____ DATE: _____

RSB REGISTRATION #: _____

MAILING ADDRESS: Building _____ Room _____

FILM BADGE GROUP #: _____ (probably the same dosimeter group number as that for the Authorized User)

TYPE OF APPOINTMENT: _____ PERMANENT (> 4 months)
(check one) _____ TEMPORARY (< 4 months)

Applicants for film badge registration must have an RSB registration number before this form is submitted to the Radiation Safety Branch. If the applicant is not registered with the Radiation Safety Branch, then call either 6-2255 for training and personnel registration or 6-5774 for personnel registration.

Please indicate below the type of work the applicant is expected to perform:

DIRECT HANDLING OF THE FOLLOWING RADIONUCLIDES:

_____ H-3, C-14, or S-35 only
_____ P-32 Indicate activity of source container used: _____ mCi
_____ I-125 _____ Cr-51 _____ Other (list): _____

OTHER USES OF RADIATION:

_____ Cyclotron _____ Nuclear Medicine _____ Radiology _____ X-ray
_____ Radiation Oncology _____ Cardiac Cath _____ Irradiator
_____ Other (list types of uses): _____

AUTHORIZED USER: _____

AUTHORIZED USER RSB ID #: _____

AUTHORIZED USER SIGNATURE: _____

RADIATION SAFETY BRANCH USE ONLY

TYPE OF PERSONNEL MONITORS ISSUED TO APPLICANT:

___ NONE ___ G1 ___ K8 ___ G5 ___ U3 ___ OTHER (SPECIFY)
___ MONTHLY ___ QUARTERLY ___ OTHER (SPECIFY) _____